SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF

 **STATEMENT OF DEATH**

In the Matter of the Application of **OF INCAPACITATED**

 **PERSON**

***(NAME OF PETITIONER)***, Petitioner

Pursuant to Article 81 of the Mental Hygiene Index No.

Law for the Appointment of a Guardian of RJI No.

the Person and Property of

***(NAME OF ALLEGED INCAPACITATED PERSON)***,

an Alleged Incapacitated Person.

TO THE SUPREME COURT OF THE STATE OF NEW YORK,

COUNTY OF

 1. Name of Guardian:

 2. Name of Incapacitated Person:

 3. Last address or residence of Incapacitated Person:

 4. Date of Death of Incapacitated Person:

 5. Place of Death of Incapacitated Person:

 6. Name of Nominated or Appointed Personal Representative of Incapacitated Person’s estate, if any **(e.g. executor)**:

 7. Address of Personal Representative:

 8. Names and addresses of persons entitled to notice of further guardianship proceedings as ordered by the court pursuant to MHL 81.16 (c)(3):

 Name:

 Address:

 Relationship to Incapacitated Person:

Dated: (Guardian’s signature)

 **[Type Name of Guardian]**

Sworn to before me this

(day) day of (month, year).

(Notary public signature)